



**Massachusetts Commission for the Deaf & Hard of Hearing**  
Communication Access, Technology, & Training Services

**For Office Use:**  
Received by: \_\_\_\_\_  
Date: \_\_\_\_\_

# TRAINING REQUEST

Request Form for Presentation, Panel Discussion, or Training

Attention: C.A.T.T.S. - Dianne Lucier / Jonathan O'Dell

Fax: 617-740-1699 Telephone: 617-740-1600 Voice / 617-740-1700 TTY



## Requestor Information:

1. Requestor Name: \_\_\_\_\_

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Fax*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Alternate Contact Person*

\_\_\_\_\_  
*Contact Telephone*



## Training Event Information:

1. Name of Event: \_\_\_\_\_

2. Type of Event: ☐ Presentation/Training ☐ Exhibition (Info. Booth)  
☐ Panel Discussion ☐ Other: \_\_\_\_\_

3. Purpose of Event: \_\_\_\_\_  
*if applicable*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

\_\_\_\_\_  
*Floor*

\_\_\_\_\_  
*Room Number*

\_\_\_\_\_  
*Length of event/training*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Location*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Target Audience (College, Senior Citizens, etc.)*

\_\_\_\_\_  
*Estimated # of Attendees*



## Technical Information:

1. Can you provide: ☐ Table/Chairs (table: app. 6 feet long)  
☐ Electricity (for our demonstration/display)  
☐ Screen (for our LCD projector)

We need this in order to display and demonstrate equipment and assistive technology

*The Massachusetts Commission for the Deaf and Hard of Hearing, as a service publicly funded by Massachusetts taxpayers, regrets that it cannot provide training or services outside of the Commonwealth of Massachusetts.*